3d Marines
Mental Health Status Board

Situation

- 3d Marines is in its sixth year of back-to-back combat rotations.
- Despite the exceptional stress being placed on them, most of our young Marines and sailors have endured.
- A small number suffer from combat and/or operational stress, combined with other factors.
  - Typically, between 150 to 200 (of approximately 4000 men in the Regiment) receive some sort of mental health care.
- Issues run the spectrum and include:
  - adjustment disorders
  - posttraumatic stress disorder
  - substance abuse
  - depression
  - personality disorders
  - psychotic/bipolar illness

Situation

- The current environment presents a number of challenges to identifying suffering men and tracking treatment. These includes, but are not limited to:
  - A decentralized operational environment that periodically separates young Marines and sailors from officer, and even SNCO leadership.
  - Most units approaching or in excess of 50% married.
  - Leadership turbulence in the critical months following deployment.
  - Tendency to withdraw and focus inwardly (social networking sites, computers, electronic games).
  - Money to spend.
  - Changing the “tough Guys don’t ask for help” mindset.

- In the midst of busy PTPs, it is challenging for even focused, engaged leaders to track individuals through a system that is often fragmented and involves multiple players.

Purpose

"*I had heard of the Mental Health Boards before my arrival at 3d Marines and I was skeptical of the purpose. I changed my mind when I realized that this was an effort to reduce fragmentation and modify the social background for these young men. . . to get the 'family' involved."*

- The Mental Health Status Boards (MHSB) system was established in 3d Marines as a proactive measure to ensure regular tracking of, and intervention for, men assessed to be in a high risk mental health status.

- It provides Marine leaders and health care providers with:
  - The knowledge required to facilitate improvement in mental health.
  - The means to synchronize the effort to track and help men with mental health issues, particularly those in a high risk status.

BLUF: Maximizes our ability to "Connect the Dots"

Method (Bn)

- Each individual battalion* conducts weekly or bi-monthly MHSBs.
- These are comprised of the following core individuals (others added as required):
  - BN CO and/or XO
  - Sergeant Major
  - Medical Officer
  - Chaplain
  - SACO
  - Adjutant
  - Regimental Psychiatrist
  - Co Cdrs and/or 1st Sgts
- Unit first sergeants select each high-risk/medium-risk Marine or sailor they want briefed, then work with the medical officer to prepare a briefing/data slide.
- Company first sergeants sequentially present the cases of their respective men while visually displaying the briefing/data slide.
- Stake-holders share info and agree on a road forward.
- Commanders and first sergeants follow up with platoon-level leadership and monitor.
- Dialogue between stake-holders continues outside of formal MHSBs.

Risk Levels

- A common language for leaders.
- Green- Good to go. Psychiatrically fit for duty.
- Low risk- Reacting to operational stress (normal).
  - Support, normalize, and communicate an expectation of full recovery. Life problems vice neuro-psychiatric ones. Consider MCCS and support agencies.
- Medium risk- operational stress injury.
  - More persistent symptoms. Beginning to demonstrate some mild functional impairment. *“Let’s talk.”*
- High risk- operational stress illness. Chronic symptoms. May not deploy, and may need LIMDU or MEB/PEB.
  - Includes (but is not limited to) the following:
    - Mental illness causing functional impairment.
    - Mental illness resulting in high risk or maladaptive behaviors.
    - Identified risk factors that indicate an elevated suicide or violence risk.
    - Identified substance use disorders, especially when operational demands preclude timely assessment and completion of what is often time-intensive substance abuse treatment.

X2 (06, 08)

(09)

FOUO

LCpl Smith, John

UNIT: 1/3; MOS 0311

AFADBD: 20081023; **DCTB**: 20090415; **EAS**: 20121022; **DOB**: 198905

Initial incident/RFR: PDHA referral

Stressors

Relationship: Separated, pending divorce; child custody issu

Occupational/OPTEMPO: None identified (on LIMDU, non-deployable)

Disciplinary/legal: N/A

Medical: h/o TBI, seen by TAMC concussion clinic

Chaplain: N/A

SACO: Recommending residential treatment for alcohol dependence

Diagnoses: PTSD, depression, alcohol dependence

Treatment: Pharmacotherapy via Reg Psych; counseling via DHC

Prognosis/Duty Status: LIMDU pending PEB; unfit for weapons handlin until stable on medications

Risk Assessment: Low to moderate suicide risk

RISK FACTORS
- young male
- depression/anxiety
- alcohol dep
- pending divorce

PROTECTIVE FACTORS
- No h/o suicidality
- religious faith
- future orientation

COMMAND ACTION

- Consider transfer to Wounded Warrior Det.
- Awaiting PEB results

Method (Regt)

- On a weekly basis the Regimental HQs team meets to review:
  - Mental health data
  - High risk/ high interest by unit
  - Prevalence of disorders
  - Trends across the Regiment
  - Current week “high risk top five” and high risk hold list
  - Dates of most recent and forecasted MHSBs
  - Status of required training within the unit

- Participants are typically the CO, XO, SgtMaj, Adjutant, and Surgeon, Psychiatrist, and Chaplain.

Goal

- Improved command awareness in order to:
  - Improve communication between leaders and care providers
  - Monitor the trajectory of men in the system
  - Identify deployment-limiting mental health conditions early
  - Implement potentially helpful leadership interventions
  - Ensure safe and effective healthcare treatment plans and the monitoring of treatment noncompliance
    - Accidental deaths occur due to Powerful Drug Cocktails
  - Synchronize the effort through promotion of inter-organizational cooperation

Additional Benefits

- Affords members the opportunity to ask clarifying questions of one another and resolve inconsistencies.
- Bolsters the confidence of leaders that fitness for duty determinations and treatment plans are based on complete information.
  - Identifies malingerers and those “playing the system”
- Ensures commanders and senior enlisted are engaged in decision-making process WRT treatment and duty status.
- Reduces stigma amongst leaders by addressing common misperceptions.
- Leaders become better educated and conversant about mental illness and treatment.
- Enhances our ability to ensure all providers are aware of all known issues.

1st Sergeant comments

- “I like hearing about the situations the other 1st Sgts are dealing with, because sooner or later it’s coming my way, and I’ll be better prepared.”

- “These save me a lot of time- I get everything I need in one sitting.”

- “It’s important to get everyone together and on the same sheet.”

- “It’s good that we have a mechanism that forces us to stop and talk about these high risk men when it gets busy.”

- “These boards make it harder for our Guys to play the Mommy and Daddy game.”

Discussion Points

- CG, 3d MarDiv has signed DivO directing this as a division-wide program.

- MHSBs are not a replacement for the human factor board process or other foundational Marine Corps programs.
  - A focused, coordinated effort on the 5% of Marines and sailors who have presented and are at most risk.
  - In the spirit of resource management, focuses limited assets on those who need it most.
  - Company-level unit leaders are potentially less likely to see it as redundant with programs like Mentorship or FPP.

- Only one piece of the larger, multi-disciplinary effort to take care of our Marines in 3d MARs/ 3d MARDIV.

- Early identification of problems through strong, engaged leadership, mentoring, and counseling is still the key.

- Pushes the envelope of privacy, but stays within it.

Questions

Hidden

DoD Health Information Privacy Regulations

C7.11.1.1 General Rule. A covered entity (including a covered entity not part of or affiliated with the Department of Defense) may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military.

C7.11.1.2.1. All Commanders who exercise authority over an individual who is a member of the Armed Forces, or other person designated by such a commander to receive protected health information in order to carry out an activity under the authority of the Commander.

C7.11.1.3.1 To determine the member's fitness for duty, including but not limited to the member's compliance with standards and all other activities carried out under the authority of DoD Directive 1308.1(reference (w)), DoD Directive 1332.38 (reference (x)), DoD Directive 5210.42 (reference (y)), and similar requirements.

DoD Health Information Privacy Regulations

C7.11.1.3.2. To determine the member's fitness to perform any particular mission, assignment, order, or duty, including compliance with any actions required as a precondition to performance of such mission, assignment, order, or duty.

C7.11.1.3.5. To carry out any other activity necessary to the proper execution of the mission of the Armed Forces.

C8.2.4.1. For any type of disclosure that it makes on a routine and recurring basis, a covered entity shall implement policies and procedures (may be standard protocols) that limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.